



**PARACHUTING/SKYDIVING EXHIBITIONS
LICENSE APPLICATION**

Fees: Waived

CITY LICENSE

(316) 268-4553

1. Sponsoring Organization: _____
(a) Name of Applicant _____ Phone Number _____
(b) Business Address _____ Zip Code _____
2. Date(s) of Event _____ Time of Event _____
3. Estimate number of spectators per event _____
4. Location of spectators with relation to drop zone _____
5. Describe the proposed drop zone to include a designation of the size of the drop zone

6. Identify all obstacles within or adjacent to the drop zone

7. Does this event conform to FAA regulations to flights over municipal areas? _____
8. Has the required insurance policy of at least \$100,000 liability naming the City of Wichita as co-insured for this specific event been filed with the City of Wichita? _____
9. Is there attached to this application written permission from all landowners and/or responsible public bodies?

I hereby apply for a license to permit exhibitions of parachuting and/or skydiving over the City of Wichita in accordance with ordinances of the City of Wichita.

Signature of Applicant

FOR OFFICIAL USE ONLY

		APPROVED	DISAPPROVED	DATE	
Park Board (if applicable)					
Chief of Police					
Law Department					
City Manager					
License Number		Date Issued		Clerk	